PATENT APPLICATION

DETERMINATION RECORD

Effective October 1, 2003

Pication or Docket Number 10:75109075

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	D THAN
_			(Column 1)		(Col	(Column 2)		TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS						•		RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	Ε	OR	245/255	1
Ţ	OTAL CHARGE	ABLE CLAIMS	A minus 20=		•	•		XS 9=	<u> </u>	OR	X\$18=	1700
INDEPENDENT CLAIMS			1	ninus 3 =	•			X43=	1	٦.	700	
	ULTIPLE DEPE	NDENT CLAIM I	PRESENT						 	-IOR		
٠,۱	If the differenc	e in column 1 is	less than a	less than zero, enter "0" in colu			Į	+145=	ļ	OR	L	0 3
	7 1.7	CLAIMS AS	AMENDE	MENDED - PART II				TOTAL	L	JOR	TOTAL	920
7	0/13/06			TOOIDITIT 27 TOOIDITIT 31				SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total	10	Minus	- 2	0	= -		X\$ 9=		OR	XS18=	
AM	Independent FIRST PRESE	NTATION OF M	Minus	DEPENDENT			I	X43=		OR	X86≖	Y
L		,	027.11 02 02	CNDENT	COMM		ſ	+145=		OR	+290=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Colum	n 21	(Column 3)	A	DDIT. FEE	<u> </u>	10	ADDIT. FEE	
_		CLAIMS	T	HIGHE		(Column 3)	-					
NT B		REMAINING AFTER		PREVIO	ER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total	AMENDMENT	Minus	PAID F	ОЯ		-		FEE			FEE
JEN	Incependent		Minus			=	L	X\$ 9=		OR	X\$18=	
Ā	FIRST PRESE	NTATION OF MU	i.	1	CLAIM		L	X43=		OR	X86 ≈	
	·.							+145=		OR	+290=	
						٠.	AE	TOTAL DIT. FEE	••	OR ,	TOTAL ODIT. FEE	
		(Column 1)		(Columi	n 2) ⁻	(Column 3)						1
VENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ſ	RATE	ADQI- TIONAL FEE
AMENOMEN	Total	•	Minus	**		=		X\$ 9=		ا .	X\$18=	PEE
A ME	Independent		Minus	***	·	= '	\vdash	X43=		OR	 [
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							^ 		OR	X86=	
1) the entry in column 1 is less than the entry in column 2, write "0" in column 3.									į	OR	+290=	.
-11	the "Highest Nun	nber Previously Pain nber Previously Pain per Previously Pain	d For IN THIS	SPACE IS R	ess than	20. enter "20."	ADI	TOTAL DIT. FEE		OR AI	TOTAL DDIT. FEE	